

Department Of Public Health And Human Services
Quality Assurance Division - Licensure Bureau
Child Care Licensing

Employee Cover Sheet

Facility Name: _____ Provider # _____
Director Name: _____ Phone #: _____
Address: _____ City: _____ Zip: _____

Directions on Back

Employee Name:
(Include First, Middle, Last) _____
Mailing Address: _____ City: _____ ZIP: _____
Position/ Staff Role Type: _____ Date of Hire: _____

General Information	Dates Immunizations Given	CPR / First Aid Expires
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Td: _____	Infant: _____
Date of Birth: _____	MMR: _____	Child: _____
SS#: _____	Rubella: _____	Adult: _____
		1 st Aid: _____

Completed Annual Training: <input type="checkbox"/> Yes <input type="checkbox"/> No Dates: _____
Education / Experience: _____

----- For Office Use Only – Do Not Write Below this line -----

Release Of Information Received: _____			Out of State Check: <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Result of Check	Date Received	State	Received	Result
DOJ Dept Of Justice	<input type="checkbox"/> YES CH Record <input type="checkbox"/> NO CH Record				<input type="checkbox"/> YES CH <input type="checkbox"/> NO CH
CPS Protective Services	<input type="checkbox"/> YES PS Record <input type="checkbox"/> NO PS Record				<input type="checkbox"/> YES CH <input type="checkbox"/> NO CH
DMV Motor Vehicle	<input type="checkbox"/> YES MV Record <input type="checkbox"/> NO MV Record				<input type="checkbox"/> YES CH <input type="checkbox"/> NO CH
Health Statement Received: _____			CAPS#:		PS#:
33A: <input type="checkbox"/> Yes <input type="checkbox"/> No Date Rec'd: _____					

Comments:

DIRECTIONS

Day Care Centers		Family & Group Day Care Homes	
Care Giving Staff Role Types	Non-Care Giving Staff Role Types	Care Giving Staff Role Types	Non-Care Giving Staff Role Types
Director*	Non-Provider Staff	Director*	Spouse
Primary Caregiver*	Volunteer	Caregiver*	Other Adult
Aide*		Substitute*	Non-Provider Staff
Substitute*		Volunteer	
* These are the provider staff types that interface with The Early Childhood Project and as such will receive PS# Cards.			

Family and Group Day Care Providers:

Please complete this entire form when submitting new employee paperwork (within 15 days of hire).

Please attach the following documentation:

Release of Information (DPHHS-QAD/CCL-20A – Revised 05-04)

Statement of Health (DPHHS-QAD/CCL-20B – Revised 07-2001)

Td [(Tetanus Diphtheria)(Current within the last ten Years)]

MMR (if born after 1-1-1957) **or Rubella Titer or MMR** (if born before 1-1-1957)

Infant CPR (covers Infants– age 0-1 year)

Child CPR (covers children – ages 1 to 7 years)

Adult CPR (covers children to adults – age 8 and over)

First Aid Certification

Must have all three courses regardless of ages of children served.

Center Facilities:

Please complete this entire form when:

- ❖ submitting new employee paperwork (within 15 days of hire)
- ❖ submitting staff paperwork with your renewal packet

Please indicate the position that each employee holds using the provider staff role type table above.

Please attach the following documentation:

Release of Information form (DPHHS-QAD/CCL-20A – Revised 05-04)

Statement of Health form (DPHHS-QAD/CCL-20B – Revised 07-2001)

Background check results for Criminal History, Protective Service, and Motor Vehicle. The department will perform these checks if the DCC holds an extended registration.

All other documentation should be entered on the Employee Cover Sheet and then kept on file at the facility. Your local licensing worker may audit your staff files at any time.